

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/					51					
2	/		/				52					
3							53					
4	/		/				54					
5		/	/				55					
6	/	○	/	/			56					
7							57					
8							58					
9							59					
10							60					
11							61					
12		○					62					
13		○					63					
14		○					64					
15							65					
16							66					
17		2		/			67					
18		2		/			68					
19		2		/			69					
20		2		/			70					
21		2		/			71					
22		○					72					
23		○					73					
24	/		✓	/			74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38		○					88					
39							89					
40							90					
41		✓		/			91					
42		✓		/			92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			↓				TOTAL IND.	5		↓		
TOTAL DEP.			↔				TOTAL DEP.	56		↔		
TOTAL CLAIMS							TOTAL CLAIMS	111				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS